

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/980366**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2		1		1									
3		2		1									
4		1		1									
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TOTAL IND.		↓	1	↓		↓							
TOTAL DEP.		↓	5	↓		↓							
TOTAL CLAIMS			6										
51													
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TOTAL IND.		↓		↓		↓							
TOTAL DEP.		↓		↓		↓							
TOTAL CLAIMS													

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENTMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831